Organization ID # 0299868 State of origin

Commonwealth of Kentucky Filing fee \$190.00 Alison Lundergan Grimes, Secretary of Sta

0299868.09

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Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 9/3/2014 10:14 AM Fee Receipt: \$190.00

K31

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Reinstatement Application and Reinstatement Annual Report

For the years 2009 through 2014

Exact organization name and principal office address

HENRY COUNTY CHAPTER 155, DISABLED AMERICAN VETERANS AUXILIARY, DEPARTMENT OF KENTUCKY, INC.

8733 LAGRANGE RD SMITHFIELD KY 40068 1403 RAdcliffRd

Registered Agent and Registered Office Address

TINA ELLIS

-8733 LAGRANGE RD. SMITHFIELD, KY 40068 hinda Noel 1403 RADCHEF RJ

reinstatement is filed, the statement of change can be filed online at app.sos.ky.gov/ftsearch or can be downloaded from our website.

The principal office address and registered agent

name/office address cannot be changed on this

addresses until the reinstatement is filed. Once the

form. When reinstating, you cannot modify the

Principal Officers - Lis specified, officer addresses defau						
President	BONNIE MARTIN		Douglas	Noel		
Secretary	MARY MULLINS		RINDA	Noel		
Treasurer	MARY MULLINS		Shirley CAVANAU9h			
Vice President	MARGARET MULLINS		KAY B	rees		
Directors - Non-profit corpo office address. ANNA LEE SMITH CHRIS ELLIS CAROLYN BOOHER	orations must have at least three		AVANAUGH	be listed. If not sp	ecified, director add	Iresses default to the principal

The above entity was administratively dissolved on November 3, 2009 because the entity did not file its annual report for the year 2009. The undersigned states that the grounds for dissolution either did not exist or have been eliminated, and the entity's name satisfies the requirements of KRS 273.3181. Enclosed is a check in the amount of \$190.00, payable to Kentucky State Treasurer.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to HENRY COUNTY CHAPTER 155, DISABLED AMERICAN VETERANS AUXILIARY, DEPARTMENT OF KENTUCKY, INC. to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

ignature of officer or chairman of the board (Required)

Title (Required)



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKS
Executive Director

September 3, 2014

HENRY COUNTY CHAPTER 155, DISABLED AMERICAN VETERANS AUXILIARY, DEPARTMENT OF KENTUCKY, INC. 1403 RADCLIFF RD SMITHFIELD KY 40068

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **HENRY COUNTY CHAPTER 155, DISABLED AMERICAN VETERANS AUXILIARY, DEPARTMENT OF KENTUCKY, INC.** is exempt from filing a Kentucky Corporation Income Tax Return pursuant to KRS 141.040, KRS 141.0401 and KRS 136.070. This exemption does not apply to any other taxes administered by the Commonwealth of Kentucky. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the corporation. This letter is valid for 30 days from the date of this letter.

Any changes in the corporation's articles of incorporation, by-laws, method of reporting, name or address, or ruling by the Internal Revenue Service must be reported to this office.

Sincerely,

Janice REV1113, Taxpayer Services Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7310 FAX# 502-564-0058

Kentucky Secretary of State organization number 0299868

